



Advisory Council

June 16, 2015

Council: Trevor Evers, Sandy Mathewson, Bob Richardson, Anna Pendergrass, Alden Roberts, Tracy Rude, Remy Eussen, Paul Childers, Mark Collier, Karen Evans, Joanne Huffman, Stephanie Roise-Yamashita, Gregory Noelck, Bryce Hackett

Staff: Janis Koch, Jeff Harbison, Julie Grimm, Roxanne Wolfe, Don Strick, Sandi Kendrick and Adiba Ali

Guests: Zhernya Taterenko (University of Portland graduate student)

(1) WELCOME/INTRODUCTIONS/APPROVAL OF MEETING NOTES (*Trevor*)

Trevor opened the meeting and guests introduced themselves. Members reviewed the May 19, 2015 meeting notes. It was moved and seconded motion to accept the notes as submitted. Motion passed.

(2) DEPARTMENT UPDATE

▪ **Harm Reduction Center incident/plans moving forward:**

STD clinics, needle exchange program, etc. The center had a really bad sewage backup last week (third leveled). The facility was being hooked up to the sewer system and we were decommissioning the dry well. Something happened and we had a terrible sewage backup. Staff worked to reassign patients to Portland and put together a mobile unit for syringe exchange. We'll be down for about four weeks while the facility is being rehabbed. We're taking the opportunity to upgrade the facility so it should be better than before.

- **Bryce Hackett:** Janis attended her daughter's graduation, and Bryce is also in her class. She acknowledged Bryce for his many award, that he's in the top five percent of his class and in the top one percent in the 49th Legislative District, in addition to other accolades, scholarships, etc.

(2) EXECUTIVE COMMITTEE

The Board of County Councilors recently sent out a news release announcing Public Health Advisory Council the opportunity for applications for five openings on the council (based on term expirations on September 30). Those council openings as of September 30 include:

- Veterinarian (current member: Betsy Brownfield)
- City of Vancouver representative (Joan Caley)
- Representative of septic pumpers and installers (Mark Collier)
- Consumer of public health services (Joanne Huffman)
- Youth representative (Bryce Hackett)

The deadline for applying for the positions is August 15.

Bryce will be heading off to Rice University in Texas and July will be his last meeting.

(3) LEGISLATIVE UPDATE

- Coordinated Prevention Grant: Board of Health (BOH) sent letter to our legislative delegation in support of retaining the “Coordinated Prevention Grant” funding at the current level. The state has proposed a 50% cut to local health jurisdictions. The environmental people in the state are working on contingency plans, as it is likely those cuts will occur.
- House Bill 1645/House Bill 2211: The BOH also sent a letter supporting House Bill 1645 which is related to e-cigarettes and vaping products and would be “beneficial by providing counties a regulatory environment to safeguard children from acquiring and using vapor products.” The BOH did not support House Bill 2211 as “a 60 percent tax on vaping products would be anti-business,” however, they added the caveat that if the bill does pass, they request a minimum of 40 percent of any revenue generated by a vaping products tax be reinvested in local public health systems to support essential public health services.
- A potential support letter for I-502 (marijuana tax), this is currently ‘on hold.’
- House Bill 2263:
 - Proposes 1/10 of 1% sales tax increase that can be approved at local level for building additional mental health facilities, affordable housing and/or operations/maintenance for new affordable housing or mental health facilities
 - Population served includes those whose income is at or below 60% of the area median income, and are veterans, seniors, homeless families w/ children, unaccompanied homeless youth, persons with disabilities, and domestic violence survivors.
 - If counties do not vote to approve, cities have 2-3 years to implement if desired
 - BOCC not in favor of a new tax, but there is some local community support

(4) PUBLIC HEALTH IN ACTION

(Sandi Kendrick and Adiba Ali)

- **Harm Reduction Center syringe exchange update:** CCPH uses proven harm reduction strategies in an effort to encourage people who use injection drugs to reduce the risk of communicable diseases and to promote health in themselves, their families, and their communities. The harm Reduction Center (HRC) offers clients a safe, non-judgmental place to access resources, receive health education and counseling.
 - The syringe exchange program has been with CCPH for 23 years.
 - The HRC currently has 15 volunteers and one full-time staff member (Sandi)
 - The exchange program is open three days/week and services include 1 for 1 needle exchange, Hepatitis C testing and counseling, Hepatitis A and B vaccinations, community referrals and resources, and safe injection supplies.
 - Harm reduction (meet people where they are at in use and recovery and help keep them as healthy as they can be)
 - The HRC served about 1,500 individual clients with over 6,000 exchanges conducted in the last year.
 - The HRC serves about 400 client visits per month, distributing about 100,000 syringes a month or 1.2 million syringes per year, and offering safe disposal (more than 1.2 million syringes have been collected and safely disposed in the past year).
 - Heroin is the primary drug of choice for about 70% of syringe exchange clients, while 30% of clients primarily use methamphetamines; over 60% of clients who use heroin reported using prescribed opiates before heroin.

- **Opioid overdose prevention:** In April 2014, the HRC implemented the Overdose Prevention Project. The program includes overdose prevention education and naloxone distribution to persons at risk for having or witnessing an opioid overdose.
 - Overdose is the leading cause of accidental death in Washington State, and opiate-related hospitalizations have increased.
 - CCPH has developed a standing order under prescribing authority of the Health Officer (Dr. Melnick).
 - Overdose management training curriculum is administered to staff, volunteers, and clients and includes: overdose prevention techniques; recognizing signs and symptoms of overdose; calling 911 and The Good Samaritan Law; rescue breathing; naloxone storage, carrying, and administration; and post-overdose follow-up and care.
 - Naloxone kits include naloxone, syringes, a rescue breathing mask, alcohol pads, gloves, and instructions.
 - The evaluation component includes monitoring overdose risk factors and tracking overdose reversal upon refill requests.
 - During its first year, the program trained 259 individuals and distributed 497 kits. There have been 106 overdose reversals reported to the program by clients returning with refill requests.
 - Community-wide strategies include increasing the availability of naloxone beyond the HRC (e.g., medical community and safety measure for patients using prescription opiates; collaborative efforts with local pharmacies; incorporating overdose prevention into treatment settings; and, outreach to youth serving agencies.

Discussion:

- He wants to have kits in every police vehicle, but would prefer not having syringes. *(Bob)*
 - There is some funding available for law enforcement *(Sandi)*
- Of all incidents reported to HRC, the people survived with the naloxone. We track overdose data. *(Adiba)*
- Overdose prevention is done every day by EMS. *(Sandi)*
- Why is usage of heroin up so much? *(Karen)*
 - It's cheaper and access to opiates is increasing. *(Sandi)*
- There are a lot of other public health issues involved – not just the overdose. For instance, HIV prevention is another reason why the program is critically important.
- Adiba provided some additional information from the Healthy Youth Survey Fact Sheet. The Department of Health is releasing data on depression, mental health and suicide. The local data shows we are nearing state trends.
 - Suicide is the second leading cause of death in teens. We really want to address this in the public health arena. We will bring back more information (update at the next meeting). *(Roxanne)*

(5) ACES UPDATE

- **AWARE grant (Sandy):**
The new Aware grant has a lot more focus on mental health services. The Educational Service District trains as many people as they can in the Battle Ground School District (BGSD). Sandy announced that she has accepted a position with the BGSD as the coordinator of the AWARE grant/program.

The goals of the AWARE grant are to:

1. Improve school climate and safety -
The work plan:
 Implement/enhance school-wide data collection system; hire student assistance professionals to help with project implementation at secondary buildings.
2. Increase access to mental health services –
The work plan:
 Implement universal screening tool; develop/implement referral process; deliver school-based mental health services; provide staff training; engage parents; collaborate with local and state team to address policy and funding strategies.
3. Improve awareness of mental health issues –
The work plan:
 Youth Mental Health First Aid (YMHFA): Implement YMHFA training plan; train all sectors of community in YMHFA; train school staff and others in selected topical areas, e.g., trauma-informed practices; develop mental health resource list.

Bob reported that he is considering a community outreach coordinator position, placing them in detective unit, to be a gatekeeper to coordinate services with families.

▪ **Community Foundation grant – partners and plans**

- \$50,000 per year for 3 years
- In cooperation w/ ESD 112, Battle Ground SD, and Battle Ground Police Department, ACEs education and awareness will be layered into the training programs of Project AWARE aimed at reducing youth violence
- Focus is on providing sector-specific ACEs training to law enforcement, school personnel, juvenile justice, and faith/family organizations in Battle Ground
- Will also develop a train-the-trainers program to ensure resident ACEs experts are in place in participating organization to help develop trauma-informed approaches, practices, and policies.
- Online ACEs resource will also be developed to provide access to training and links to services.
- Currently working on setting up initial stakeholder meetings and gathering baseline data and evaluation criteria.

▪ **ACES Collaborative**

- More than 40 organizations are participating
- Five workgroups have formed, focusing on identifying an assessment tool that employers can use to determine if they are ACEs sensitive; working on mapping process to identify ACEs-informed programs and services in our community; planning a community-wide educational event in September or October
- Tory Henderson from DOH attended last month's meeting to describe state efforts.

(6) PUBLIC COMMENT

No comments.

(7) ADJOURN

The meeting adjourned at 7:12 pm.